

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORMATE OF HAWAII (Type of Print Clearly) STATE ETHICS COMMISSION

(Type or Print Clearly) **PARTI LOBBYIST** NAME (Last) (First) **TELEPHONE** (Middle) George "Red" Arthur Morris (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 EMAIL. gamorrisinc@aol.com (City) (State) (Zip Code) Honolulu HI 96813-2453 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Capitol Consultants of Hawaii, LLP. (808) 531-4551 MAILING ADDRESS (Street) FAX (808) 533-4601 222 South Vineyard Street, Suite 401 **EMAIL** gamorrisinc@aol.com (City) (State) (Zip Code) Honolulu HI 96813

PART II ORGANIZATIOI	N	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (808) 239-6755
Hawaii School Bus Asso		
MAILING ADDRESS (Street)		FAX (808) 239-9221
47-114 Waihua Road		EMAIL GomesBus@aol.com
(City)	(State)	(Zip Code)
Kaneohe	HI	96744
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Melody Butay Dacanay		(808) 531-4551
MAILING ADDRESS (Street)		FAX (808) 533-4601
222 South Vineyard Street, Suite 401		EMAIL mbutay@aol.com
(City)	(State)	(Zip Code)
Honolulu	ні	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	☐ Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATIO	PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
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			1/15/13		
(Signature of Lobbyist) (Date)					
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Leatrice Gomes	President				
NAME OF ORGANIZATION (if a	oplicable)		TELEPHONE		
Hawaii School Bus Association			(808) 239-6755		
MAILING ADDRESS (Street)			FAX (808) 239-9221		
47-114 Waihua Road			EMAIL GomesBus@aol.com		
(City)	(State)		(Zip Code)		
Kaneohe	Н		96744		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Λ					
Seature Somes Jan 11, 2013					
(Signature of Au	ithorizing Officer or Person Repres	sented) //	(Date)		